

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) **RECEIVED** 

OCT 25 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

| (Name of partne   | rship. Jirm or corporation)               |   |                               |
|---|---|---|-------------------------------|
| 18 Centre Street  | Concord                                   | NH  | 03301                         |
| Business Address: (Street)  | (Town/City)                               | (State)   | (Zip Code)                    |
| (603) 225-7170<br>(Telephone)   | (603) 226-0165(Fax                        | e-mail_attys@l  | biancopa.com                  |
| III. This statement covers: (Ch reportable expense transaction  |   |   | ay file a separate report fo  |
| X All reportable transactions of  | ccurring in the months prior to           | the reporting date relative to the                    | he following client:          |
| American Cancer Socie   | ety Cancer Action Netw                    | ork   |                               |
|   | ne of Client as it appears on the Lo      | obbyist Registration Form)                            | <del></del> - ·               |
| OR All reportable transactions by unrelated to any particular client  |   | obyist's family), or the lobbyin                      | g firm listed below which ar  |
| IV. Date of Report April 26<br>Reports cover: activity from date  | 5, 2017<br>The of registration to 3/31/17 | July 26, 2017<br>activity from 4/1/17 to 6/30/1       | 7                             |
|   | · 25, 2017 X!<br>m 7/1/17 to 9/30/17      | January 31, 2018  <br>uctivity from 10/1/17 to 12/3   | 1/17                          |
| V. There have been no fees of this box is checked, complete j Concord, NII 03301.   |   |   |                               |
| VI. Check if additional reports   | are attached:                             |   |                               |
| If you have received fees or  | made expenditures, you must l             | file <b>Addendum A</b> – Fees and E                   | Expenses                      |
| If you have paid an honorari<br>Expense Reimbursement   | um or reimbursed expenses. yo             | ou must lile Addendum B- R                            | eport of Honorariums or       |
| [ If you, your lirm, or your far  | mily has made political contrib           | utions, you must file Addend                          | um C Political Contribution   |
| Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k  (Signature of lobbyist)  James J. Bianco, Jr. | RSA 14-C and RSA 664 and h                | hereby swear or affirm that the $\frac{10125}{0.000}$ | foregoing information is true |

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying part  | e of Lobbying partnership. firm, or corporation: Bianco Professional Association |                    |  |  |  |  |
|--|--|--------------------|--|--|--|--|
| Name of Client (leave b  | olank if Statement is fo   |                    | corporation and not related to any                             |  |  |  |
| Date of Report (check o  | one):  |                    |  |  |  |  |
| April 26. 2017 □   | July 26, 2017 🗆  | October 25, 2017 🔀 | January 31, 2018 □   |  |  |  |
|  | ms submitted with th   |                    | nd Expenses described above, and umber of Addendum forms being |  |  |  |
| Addendum B(si  |  |                    |  |  |  |  |
| Addendum C(s   | ).   |                    |  |  |  |  |
| I hereby swear or affirm<br>complete to the best of<br>(Signature of lobbyist) |  |                    | nt and each Addendum is true and                               |  |  |  |
| Karen Soucy  |  |                    |  |  |  |  |
| (Print Name of lobbyist  | )  |                    |  |  |  |  |

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Kathy Corey Fox

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnersbip, firm, or corporation: Bianco Professional Association Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Cancer Society Cancer Action Network Date of Report (check one): April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 19 actober 2017 (Date)

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partr   | nership, firm, or corpo | ration: Bianco Profess | sional Association   |  |  |
|--|-------------------------|------------------------|--|--|--|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Cancer Society Cancer Action Network |                         |                        |  |  |  |
| Date of Report (check o  | ne):                    |                        |  |  |  |
| April 26, 2017 □   | July 26, 2017 □         | October 25, 2017 🗶     | January 31, 2018 □   |  |  |
|  |                         |                        | nd Expenses described above, and umber of Addendum forms being |  |  |
| Addendum A(s)  |                         |                        |  |  |  |
| Addendum B(s)  |                         |                        |  |  |  |
| Addendum C(s)  |                         |                        |  |  |  |
| I hereby swear or affirm complete to the best of a (Signature of lobbyist)   |                         |                        | nt and each Addendum is true and  LOUGUT  (Date)               |  |  |
| Adam Schmidt   |                         |                        |  |  |  |
| (Print Name of lobbyist  | )                       |                        |  |  |  |